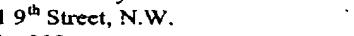


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JUN 08 2005

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/788,477
		Filing Date	03/01/2004
		First Named Inventor	Hans SCHOLZ
		Group Art Unit	3636
		Examiner Name	Stephen A. Vu
Total Number of Pages in This Submission	13	Attorney Docket Number	740116-509

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
Remarks	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	David S. Safran, Reg. No. 27,997 Nixon Peabody LLP 401 9 th Street, N.W. Suite 900 Washington, D.C. 20004-2128
Signature	
Date	June 8, 2005
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

**Firm
or
Individual name** David S. Safran, Reg. No. 27,997
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Suite 900
Washington, D.C. 20004-2128

Signature

June 8, 2005

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Kathleen M. Mc Manus

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**FEE TRANSMITTAL
FOR FY 2005**

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(S)300.00

<i>Complete if Known</i>	
Application Number	10/788,477
Filing Date	03-01-2004
First Named Inventor	Hans SCHOLZ
Examiner Name	Stephen A. Vu
Art Unit	3636
Attorney Docket No.	740116-509

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account:

Deposit Account Number

19-2380(740116-509)

Deposit Account Name

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- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001	300	2001	150	Utility filing fee	
1002	200	2002	100	Design filing fee	
1003	200	2003	100	Plant filing fee	
1004	300	2004	150	Reissue filing fee	
1005	200	2005	100	Provisional filing fee	

SUBTOTAL (1) (S) 0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	-20** =	Extra Claims		Fee from below	Fee Paid
		6	X 50		
Independent Claims	3	-3** =	0	X 0	0
Multiple Dependent			X 0	= 0	

Large Entity	Small Entity	Fee Code (\$)	Fee Description
1202	50	2202	25 Claims in excess of 20
1201	200	2201	100 Independent claims in excess of 3
1203	360	2203	180 Multiple dependent claim, if not paid
1204	200	2204	100 ** Reissue independent claims over original patent
1205	50	2205	25 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (S)300.00

** or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1051	130	Surcharge - late filing fee or oath
1052	50	Surcharge - late provisional filing fee or cover sheet
1053	130	Non-English specification
1812	2,520	For filing a request for <i>ex parte</i> reexamination
1804	920*	Requesting publication of SIR prior to Examiner action
1805	1,840*	Requesting publication of SIR after Examiner action
1251	120	Extension for reply within first month
1252	450	Extension for reply within second month
1253	1,020	Extension for reply within third month
1254	1,590	Extension for reply within fourth month
1255	2,160	Extension for reply within fifth month
1401	500	Notice of Appeal
1402	500	Filing a brief in support of an appeal
1403	1,000	Request for oral hearing
1451	1,510	Petition to institute a public use proceeding
1452	500	Petition to revive - unavoidable
1453	1,500	Petition to revive - unintentional
1501	1,400	Utility issue fee (or reissue)
1502	800	Design issue fee
1503	1,100	Plant issue fee
1460	130	Petitions to the Commissioner
1807	50	Processing fee under 37 CFR 1.17(q)
1806	180	Submission of Information Disclosure Stmt
8021	40	Recording each patent assignment per property (times number of properties)
1809	790	Filing a submission after final rejection (37 CFR 1.129(a))
1810	790	For each additional invention to be examined (37 CFR 1.129(b))
1801	790	Request for Continued Examination (RCE)
1802	900	Request for expedited examination of a design application
Other fee (specify) _____		

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (S) 0

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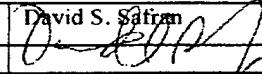
June 8, 2005

Date

Kathleen M. McManus
Signature
Kathleen M. McManus
Typed or printed name

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	David S. Safran	Registration No. (Attorney/Agent)	27,997	Telephone	(703) 827-8094
Signature				Date	June 8, 2005

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Docket No. 740116-509

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE PATENT APPLICATION OF :

Hans SCHOLZ :

Examiner: Stephen A. Vu

Application No. 10/788,477 :

Group Art Unit: 3636

Filed: March 1, 2004 :

For: SADDLE :

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Kathleen M. McManus

Kathleen M. McManus

AMENDMENT

U.S. Patent and Trademark Office
Customer Service Window, Mail Stop Amendment
Randolph Building
401 Dulany Street
Alexandria, VA 22314

Sir:

The following is presented in response to the Office Action mailed March 18, 2005, in connection with the above captioned patent application.

06/10/2005 MBINAS 00000026 192380 10788477
01 FC:1202 300.00 DA